



SAMPLE DOCUMENTATION CHECKLIST FOR ENTERAL REIMBURSEMENT

- Complete prior authorization form, certificate of medical necessity or other application for payment
- Provide pertinent diagnosis
- Provide information regarding the patient's other conditions, symptoms and indications requiring enteral intervention, as applicable in a given case. Examples might include:
 - Nausea, Vomiting, Diarrhea
 - Current Height/Weight (provide growth chart if client is a child)
 - Ideal Body Weight for height, and current percent of IBW
 - Recent changes in weight (indicate percent change over specific period of time)
 - Pertinent lab values
 - Results of any diagnostic testing
 - Inability to chew, swallow adequate amounts of regular foods
- Document failure to consume adequate amounts (at least 70% of estimated energy needs), of regular or altered consistency foods on a regular basis
- Document failure on a lower cost formula if the request is for a specialty formula
- Identify requested duration of coverage
- Identify enrollment in any special program that will monitor progress/outcome
- Include justification for therapy by attending physician and other clinicians
- Include any pertinent references supporting enteral therapy for the specific diagnosis, conditions or symptoms that are present
- Identify alternatives and potential outcomes if therapy were denied and client did not receive adequate nutrition enterally. Examples might include:
 - Do nothing – potential for continued weight loss, stunted growth if client is a child
 - Parenteral nutrition – more costly and more clinically invasive than enteral therapy
- Involve Case Manager if there is one assigned to the case

This checklist should not be interpreted as a guarantee of reimbursement or as endorsed by Medicare, Medicaid or any Insurance Carrier. This checklist provides examples of data that may be pertinent in seeking enteral coverage for a beneficiary. However, because coverage criteria are subject to frequent change and interpretation, billing entities should contact their third-party payers for specific information on their coding, coverage and payment policies. The actual documentation used to support a given claim must be true in all respects and accurately represent the individual beneficiary's condition and circumstances. HCN assumes no responsibility for the documentation submitted to support any claim, and shall have no liability relating to or resulting from use of this publication. The person or entity submitting claims for reimbursement is solely responsible for ensuring appropriate filing and accurate content of all claims and supporting documentation submitted. Persons who submit false or fraudulent claims for reimbursement are subject to significant civil and criminal penalties.